**Authorization for Pre-tax Payroll Reduction**

Canajoharie Library & Arkell Museum

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan Year \_\_\_\_\_\_\_\_\_\_\_\_

I elect to contribute $\_\_\_\_\_\_\_\_\_\_ for the Plan Year

**Certification**

* I hereby authorize a salary reduction agreement for the amount(s) shown above. I understand that: the Canajoharie Library & Art Gallery will hold these funds until eligible expenses are incurred and a claim is submitted. Funds may be forfeited in accordance with IRS Publication 969 if eligible expenses are not submitted for reimbursement by plan year. If terminated, expenses may be incurred through termination date.
* Dependents must qualify under regulations set forth in IRC sections 152 and 129.
* Expenses must be consistent with allowable medical deductions under IRS Publication 969.
* Current participants must re-enroll each plan year.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_